

TALLAHASSEE EQUALITY ACTION MINISTRY

# NEHEMIAH ASSEMBLY



**"Let us arise and build."  
Nehemiah 2:18**

**New Mount Zion AME  
Monday, November 7, 2005  
7:00 pm**

Mission Statement

*The mission of Tallahassee Equality Action Ministry (TEAM) is to enable people of diverse faiths to work powerfully and effectively together to redress injustices in our community.*

P.O. Box 5923 • Tallahassee, FL. • 32314

850-224-2100 • FAX 850-224-2111 • [www.teamtally.org](http://www.teamtally.org)

~NOTES~

**History:**

Over the past 10 years the mis-use of the Emergency Rooms for non-emergency needs by the uninsured has sparked discussion & action as to ways health professionals as well as local government can work together to address access to basic health care. Out of these early conversations arose community taskforces and advisory councils who researched the problem of access to care for the uninsured, to make specific recommendations to County Commissioners as what to do to decrease the number of uninsured folks utilizing the hospital Emergency rooms by helping them access primary care at the local clinics. In 1999 recommendations were made to County Commission to have a dedicated funding source through property taxes to fund a Health Care Program for the Uninsured, which would help provide more resources to the local primary care clinics: Bond and Neighborhood Health Services. The proposed property tax or Municipal Services Taxing Unit (MSTU) would be 0.5 mills generating \$3.5 million annually, enough to address the needs of less than 1/2 of the uninsured population.

Two years later, in 2001 County Commission established the first ever MSTU tax to fund health care for the uninsured. Unfortunately, it was set at 0.06 mills generating \$500,000 annually instead of the anticipated \$3.5 million. Since that time the county rose the MSTU to 0.12 mills generating \$1 million annually, where it stands today. The problem with this tax is that it is financially supported by only 58% of Leon County and it barely scratches the surface in terms of meeting the needs of the growing uninsured population.

Meanwhile, 30% of the people who visit our local ERs for non-emergency care come from outside of Leon County from places like Jefferson, Madison, Taylor or Liberty Counties where the uninsured rate is as high as 20% of the population. Because our local clinics are already operating at capacity, there is no place for many uninsured individuals to go, so many do seek care from the local ERs. In the last year the number of uninsured non-emergency visits to the ER from within Leon County rose 21% at Tallahassee Memorial and 24% at Capital Regional Medical Center. From 2003-2004 the bad debt accrued by both hospitals from these visits rose by \$12,894,416 from the prior fiscal year. These costs are deflected to insurance companies resulting in higher insurance rates for the insured. Rising rates cause many insured individuals to lose their insurance resulting in more people joining the ranks of the uninsured.

A committee of the County Commission's Primary Health Advisory Board (PHAB) was working on a Comprehensive Plan to strategically address this problem by outlining networks of services to meet the needs of the uninsured. However, 5 months ago they stopped working on the Plan and there does not appear to be any progress in getting the committee back together.

**Problem:** Too many uninsured individuals are utilizing Emergency Rooms for non-emergency needs because they are unable to get primary health care at the local clinics which are already operating at full capacity.

**Solution:** We think there is a way to address the needs of the uninsured by completing the current Comprehensive Plan which will outline strategic approaches for service delivery models and establish a dedicated funding source for Indigent Health Care. Therefore, TEAM wants County Commission to commit to the following:

1. Will you work to get the drafting of a Comprehensive Health Plan for the Uninsured back on track and push for its submission to the Board of Leon County Commissioners by March 31, 2006 and will you request that the discussion & timeline for completion of the Plan be an agenda item for November 22, 2005?
2. Will you make sure that the Plan focuses on:
  - Primary preventative care for the uninsured at 200% of the Federal Poverty Level or Below
  - Includes adult dental and mental health, as well as hospitalization
  - Outlines the role of the current Primary care providers Bond & Neighborhood Health Services
  - Includes an impartial & open process for how money will be spent?
3. Will you give voters the opportunity to decide to tax themselves to fund this Plan, by agreeing to put a referendum for a ½ cent sales tax on the November 2006 Ballot and have the ballot language prepared by May 31, 2006?
4. Will you meet with us by February 1, 2006 to follow-up on these commitments and monitor the progress of the Comprehensive Plan?

***\* Please come out tomorrow Tuesday, November 8<sup>th</sup> at 6pm to the County Courthouse at 301 S. Monroe for the County Commission Meeting to follow-up on the commitments made tonight. Look for the other TEAM members so we can sit together as a group.\****

- Leon County is the 18<sup>th</sup> most populous county out of 67 in Florida
- Leon County boasts a 2.9% unemployment rate
- Leon County's median income of \$37,000 is the 6<sup>th</sup> highest of the 67 Florida Counties
- **However, Leon County ranks 57<sup>th</sup> among the State's 67 counties in financial support provided to the County Health Department**
- **An estimated 25% of Leon County population lives at or below 150% of the federal poverty level**
- 2000: local government provided \$1.4 million in general revenue funds to support indigent care in Leon County
- Approximately \$1.2 million of this was used as state-mandated matching Medicaid dollars and an additional \$300,000 was allocated to the Health Department
- **In comparison the county government of Alachua county (with similar population) spent 3 times as much on indigent health care as Leon county in FY 2000<sup>1</sup>**
- 1999: County Taskforce determines that \$3.5 million dollars is required annually to meet the primary care needs of 12,500 uninsured individuals in Leon County and advocates for County Commission to adopt a Municipal Service Tax Unit (MSTU) with millage rate of 0.5 mills
- **2 years later in 2001:** County Commission passes an MSTU of 0.06 mills raising \$500,000 each year for indigent care; County matched the funds and Medicaid waiver money provided total of \$1.2 million for indigent care (\$2.3 million less than what was needed)
- Fall 2003: Leon County Commission votes to increase millage rate to 0.12 generating \$1 million (**County does not match these funds**) and Medicaid waiver money remains—continuing to generate \$1.2 million a year (4<sup>th</sup> continual year without necessary funds)
- 2000: MGT of America conducts a study in which it makes a recommendation to the County Commission that a ½ cent sales tax is the most effective viable option for providing a sufficient dedicated funding source for indigent health care
- 2001-2002: Primary Health Care Implementation Advisory Board (PHAB) Annual Report refers to a ½ cent sales tax to fund indigent care as a top priority for their research
- 2004: Access to Health Care Workgroup (subcommittee established by the PHAB) drafts a long term work plan outlining a campaign to put a ½ cent sales tax on the ballot for November 2006
- 2004: Leon Board of County Commissioners increases MSTU from 0.12 to 0.22 for 04-05 to raise money to possibly fund a women's clinic
- April 2005: County Commissioner vote to cap the MSTU at 0.12 for the 05-06 FY
- September 2005: County Commissioners vote 5-2 to continue the MSTU at 0.12 mills to fund the indigent care program

<sup>1</sup> Report & Business Plan for A Health Care Delivery System For Uninsured Residents of Leon County: December 2000; MGT of America, INC

**Too many people in our community do not have access to basic health care:**

- An estimated 18,887 of Leon County's 245,286 under 65 population have **no** health insurance and **are not eligible** for any publicly funded program.<sup>1</sup>
- In 2000 only 13% of low-income individuals in Leon County had access to dental care.
- Lack of transportation, absence of childcare and timely access and availability of services are major barriers to low-income, uninsured females securing adequate and quality healthcare services.<sup>2</sup>

**Local Primary & Specialty Care Clinics are serving at capacity:**

- Neighborhood Health Services (NHS) sees its capacity of 7,500 patient visits per year and is unable to increase capacity due to space limitations.
- Of 962 women needing mental health services at NHS only 80 are being seen.
- The waiting list for mental health services at NHS is 6 months long.<sup>3</sup>
- At capacity Bond Clinic physicians see an average of 4,200 patient visits annually, currently each physician is seeing close to 6,000 patient visits annually.<sup>4</sup>
- Bond Clinic and NHS combined serve 6-8,000 people, just under half of the current uninsured
- The 310 doctors volunteering with WeCare to provide specialized services to individuals at 100% or below the Federal Poverty Level cannot meet the growing needs of uninsured individuals
- In June of 2005 WeCare reached capacity and put a 90-day hold on any referral patients.<sup>5</sup>

**The absence of health care has severe consequences for our community:**

- For every dollar invested in primary health care, more than four public dollars are saved. It is smarter to help people access primary care services now rather than treat them in the hospital emergency room next year.<sup>6</sup>
- Independent studies consistently show that when people have access to healthcare, they seek medical attention earlier, when conditions are at their most treatable stages. They miss less work, are more productive in their communities and live longer.<sup>6</sup>
- 2.5 million days of work are lost each year due to dental problems.<sup>7</sup>
- Non-Emergency visits to Tallahassee Memorial Hospital ER and Capital Regional Medical Center increased 21% and 24 % respectively since last year.
- Total costs in uncompensated care provided by TMH and CRMC increased \$12,894,416 in 2003-2004 from the prior fiscal year, totaling \$80,202,136.<sup>8</sup> These costs are deflected to insurance companies resulting in higher insurance rates—effectively an "invisible tax."

**Lack of Healthcare for the *uninsured* directly affects the *insured*:**

- The estimated number of insured residents will decline from 229, 226 in 2004 to 203,676 in 2014.
- The result will be a rapid growth in the "invisible tax" per resident from an estimated \$97 in 2004 to \$202 in 2014. An employer with 15 employees will experience an increase in the estimated annual "invisible tax" from \$1,455 in 2004 to \$3,030 in 2014.
- Small businesses, which account for 94.8 % of Leon County businesses, (have 50 or fewer employees) are more vulnerable to increases in health insurance costs.
- National research indicates that for each 1% increase in health insurance costs, 0.084% of the population lose their health insurance. Applying this ratio Leon County indicates that the 13.9% increase in insurance costs in 2005, alone, resulted in an estimated 2,452 county residents losing their health insurance.<sup>7</sup>

<sup>1</sup> (The 2004 Florida Health Insurance Studies, Bureau for Economic and Business Research, University of S. Florida)

<sup>2</sup> (A Study on the need for Women's Health Services, 2005; MGT of America)

<sup>3</sup> (TEAM interviews with Assistant Director and Volunteer Nurse)

<sup>4</sup> (TEAM interviews with JR Richards, CEO of Bond Clinic)

<sup>5</sup> (TEAM interview with Robin McDougall of the WeCare Network)

<sup>6</sup> (San Diego Union-Tribune, 12/13/01)

<sup>7</sup> ([www.volunteersinhealthcare.org](http://www.volunteersinhealthcare.org))

<sup>8</sup> (Annual Report Fiscal year 2003-2004; Primary Healthcare Implementation Advisory Board)